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TO: Commissioner for Patents
Attn: Examiner Konstantina T.
Katcheves
Patent Examining Corps
Facsimile Center
Alexandria, VA 22313-1450

FROM: Karen S. Canady
OUR REF.: G&C 30448.97-US-D1
TELEPHONE: (310) 642-4148

Total pages, including cover letter: 14

PTO FAX NUMBER: (703) 872-9306

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| | |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title of Document Transmitted: | COMMUNICATION UNDER 37 C.F.R. §1.111, PETITION FOR EXTENSION OF TIME, AND AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT IN THE AMOUNT OF \$55.00 FOR ONE-MONTH EXTENSION FEE. |
| Applicants: | Dieter C. Gruenert et al. |
| Serial No.: | 09/392,682 |
| Filed: | September 9, 1999 |
| Group Art Unit: | 1636 |
| Title: | GENE THERAPY BY SMALL FRAGMENT HOMOLOGOUS REPLACEMENT |
| Our Ref. No.: | G&C 30448.97-US-D1 |

Please charge all fees to Deposit Account No. 50-0494 of Gates & Cooper LLP.

By: 

Name: Karen S. Canady

Reg. No.: 39,927

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Confirmation No.: 1612
Due Date: November 13, 2004**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Dieter C. Gruenert et al. Examiner: Konstantina T. Katcheves
 Serial No.: 09/392,682 Group Art Unit: 1636
 Filed: September 9, 1999 Docket: G&C 30448.97-US-D1
 Title: GENE THERAPY BY SMALL FRAGMENT HOMOLOGOUS REPLACEMENT

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

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Signature: 

Typed Name of Person Mailing this Certificate: Suzie McCleave

MAIL STOP AMENDMENT

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

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☒ Communication Under 37 C.F.R. §1.111.
☒ Petition for Extension of Time under 37 C.F.R. 1.136 for 1 month.
☒ Charge the Extension Fee in the amount of \$55.00 to the Deposit Account.

CLAIMS PRESENT

| Claims Remaining: | Highest Number Previously Paid For: | Number Extra | Rate | Fee |
|-------------------------------------|-------------------------------------|--------------|-----------|----------|
| Total Claims | | | | |
| 27 | 28 | 0 | x \$9.00 | = \$0.00 |
| Independent Claims | | | | |
| 2 | 3 | 0 | x \$44.00 | = \$0.00 |
| MULTIPLE DEPENDENT CLAIM FEE | | | | \$0.00 |
| TOTAL FILING FEE | | | | \$0.00 |

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Customer Number 22462**GATES & COOPER LLP**

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|-------------------------------------|----------------------------------------|-----------------|---|---------|---|--------|
| Total Claims | | | | | | |
| 27 | 28 | 0 | x | \$9.00 | = | \$0.00 |
| Independent Claims | | | | | | |
| 2 | 3 | 0 | x | \$44.00 | = | \$0.00 |
| MULTIPLE DEPENDENT CLAIM FEE | | | | | | \$0.00 |
| TOTAL FILING FEE | | | | | | \$0.00 |

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